



California State Board of Pharmacy
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STATE AND CONSUMER SERVICES AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
ARNOLD SCHWARZENEGGER, GOVERNOR

APPLICATION FOR REISSUE OF LICENSE

A fee of \$30 must accompany this application

Type of license is being requested:

- | | | |
|--|--|--|
| <input type="checkbox"/> Pharmacist pocket license | <input type="checkbox"/> Pharmacist wall certificate | <input type="checkbox"/> Intern permit |
| <input type="checkbox"/> Technician registration | <input type="checkbox"/> Exemptee certificate | <input type="checkbox"/> Site permit |

Name:		License, Certificate, Permit, or Registration Number:	
Address:	Street and Number	City	State
			Zip Code
License was: (Mark one)			
<input type="checkbox"/> Lost <input type="checkbox"/> Destroyed			
How? _____ When? _____ Where? _____			
<input type="checkbox"/> Incorrect due to change of name:			
Previous name: _____			
New Name: _____			
Before your name will be changed you must submit one of the following:			
<ul style="list-style-type: none">• Copy of marriage certificate.• Copy of court document authorizing a legal name change.• Clear copy of driver's license AND social security card.			

I certify under penalty of perjury under the laws of the State of California to the truth and accuracy of all statements, answers and representations made in the foregoing application, including all supplementary statements.

Signature

Social Security Number
(for identification purposes)

Date

FOR OFFICE USE ONLY

Expiration date _____
Date Issued _____
Date mailed _____

Cashier No _____
Date _____
Amount _____